



2829 University Avenue SE #200  
Minneapolis, MN 55414-3253  
(612) 317-3000 – Voice (612) 617-2190 – Fax  
Toll Free (888) 234-2690 (MN, IA, ND, SD, WI)  
(800) 627-3529 – TTY  
Email: [nursing.board@state.mn.us](mailto:nursing.board@state.mn.us)  
Website: [www.nursingboard.state.mn.us](http://www.nursingboard.state.mn.us)

To: Applicant for Registration as a Public Health Nurse

Subject: Requirements to obtain Public Health Nurse Registration

Registration is voluntary. A registered nurse may practice as a public health nurse without being registered by the Board. However, no person may use any abbreviation such as PHN or other designation such as the title public health nurse unless the person is registered by the Board.

The registered nurse applicant must:

1. be licensed and currently registered to practice professional nursing in Minnesota;
2. have a baccalaureate or higher degree with a major in nursing;
3. have completed course work which included theory and clinical practice in public health nursing;
4. submit an application and nonrefundable fee by **cashier's check or money order**; and
5. submit an affidavit of graduation for public health nursing registration.

The application forms for registration as a public health nurse are enclosed. Follow the instructions on each of the forms.

If you have questions, contact the Board at 612-317-3000.

Revised: 10/7/2014



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### PUBLIC HEALTH NURSE REGISTRATION APPLICATION

The information and evidence you are asked to provide on this application is authorized by Minnesota Statutes and will be used to determine eligibility for registration as a public health nurse; enable us to contact you when necessary; and identify you. All data submitted on the application is public. Some or all of the data may be given to the Commissioner of Revenue, the Legislative Auditor, in response to a court order, or others in accordance with statutes, rules and professional standards.

You are legally required to submit true and complete information. Furnishing the requested information means the information may be provided to parties listed above. Refusal to supply information may result in denial of a license. Falsification or omission of information may be used by the Board as a basis for disciplinary action.

• Type or print clearly • Use black ink • Provide all information • Incomplete applications will be returned • Do not use initials or abbreviations

#### APPLICANT INFORMATION

☐ Yes ☐ No Have you ever had a Minnesota public health nurse certificate? If yes, do not complete this application. Contact the Board office to obtain a replacement public health nurse registration certificate.

LAST NAME	FIRST NAME	MIDDLE NAME
		<input type="checkbox"/> No middle name
MAIDEN NAME	OTHER LAST NAME(S)	PHONE NUMBER <input type="checkbox"/> Home <input type="checkbox"/> Business ( )

STREET ADDRESS

CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY
E-MAIL ADDRESS		BIRTH DATE (mm/dd/yyyy)	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female

MINNESOTA RN LICENSE NUMBER

SCHOOL OF NURSING (Program which qualified you to write the registered nurse licensure examination) (No Initials)

CITY AND STATE OF SCHOOL OF NURSING	DEGREE TYPE <input type="checkbox"/> Associate Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Baccalaureate <input type="checkbox"/> Masters
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#### EDUCATION INFORMATION

SCHOOL OF NURSING THAT PROVIDED PUBLIC HEALTH NURSING EDUCATION (No Initials)

CITY AND STATE OF SCHOOL OF NURSING	PROGRAM TYPE <input type="checkbox"/> Baccalaureate <input type="checkbox"/> Masters
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#### AFFIDAVIT SECTION

To be signed and sworn to by the applicant in the presence of a notary public.

Subscribed and sworn to before me  this _____ day of _____ Day Month Year  State of _____ County of _____  Signature of Notary Public Notary Commission Expires _____ (mm/dd/yyyy)  Affix <b>Notary</b> Seal or Stamp	The undersigned does hereby affirm that the statements contained in this application are true and correct.  _____ Legal signature of applicant
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Return completed form and nonrefundable fee to Minnesota Board of Nursing



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## AFFIDAVIT OF GRADUATION FOR PUBLIC HEALTH NURSING REGISTRATION

The information and evidence you are asked to provide on this application is authorized by Minnesota Statutes and will be used to determine eligibility for registration as a public health nurse; enable us to contact you when necessary; and identify you. All data submitted on the application is public. Some or all of the data may be given to the Commissioner of Revenue, the Legislative Auditor, in response to a court order, or others in accordance with statutes, rules and professional standards.

You are legally required to submit true and complete information. Furnishing the requested information means the information may be provided to parties listed above. Refusal to supply information may result in denial of a license. Falsification or omission of information may be used by the Board as a basis for disciplinary action.

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### APPLICANT INFORMATION

LAST NAME		FIRST NAME	MIDDLE NAME
			<input type="checkbox"/> No middle name
MAIDEN NAME		OTHER LAST NAME(S)	
MINNESOTA RN LICENSE NUMBER			BIRTH DATE (mm/dd/yyyy)
NAME OF SCHOOL OF NURSING (No Initials)		CITY AND STATE OF SCHOOL OF NURSING	
<input type="checkbox"/> I authorize the above-named school of nursing to provide the information requested below to the Minnesota Board of Nursing			
LEGAL SIGNATURE OF APPLICANT			DATE (mm/dd/yyyy)

**Applicant:** Complete the *Applicant Information* section above and forward to your school of nursing for completion.

**School Official:** Complete *Confirmation of Education*, *Confirmation of Public Health Nursing Coursework* and *Affidavit* sections below.

### CONFIRMATION OF EDUCATION

School official to verify the person named above received a baccalaureate or master's degree in nursing.

Name of Educational Institution	Location (City, State)
I verify that the above-named applicant graduated on _____ from the nursing program at the above referenced institution and that a <input type="checkbox"/> baccalaureate degree or post baccalaureate certificate <input type="checkbox"/> master's degree was awarded.	
The nursing program included theory and clinical practice in public health nursing.	
<input type="checkbox"/> Yes (proceed to <i>Confirmation of Public Health Nursing Coursework and Affidavit</i> on reverse side)	
<input type="checkbox"/> No (If no, the applicant is not eligible for Public Health Nursing Registration)	

(OVER)

**Confirmation of Public Health Nursing Coursework**

School official to verify which of the listed public health nursing components (if any) were completed in the program.

Name of Educational Institution

Location (City, State)

The above-named applicant completed public health nursing coursework

☐ as part of a course of study for a nursing degree.

☐ \_\_\_\_\_  
Month/Day/Year

Check all that apply to the public health nursing course(s)

☐ Included theory.

☐ Theory portion was at least 30 hours in length.

☐ Included clinical practice.

☐ Public health nursing coursework prepared the nurse to:

☐ identify the incidence, distribution, and control of disease in a population, as well as the risk factors and environmental factors related to communities.

☐ identify populations at high risk of illness, disability, premature death, or poor recovery.

☐ intervene with high-risk populations.

☐ evaluate the effect of interventions on the health status of a population.

☐ use community services, institutional resources, and other health care providers.

**AFFIDAVIT**

School official to complete and return to the Minnesota Board of Nursing.

The undersigned does hereby affirm that the statements contained in this application are true and correct.

\_\_\_\_\_  
Signature of School Official

Affix School Seal Or Stamp

\_\_\_\_\_  
Title

Return the completed form to Minnesota Board of Nursing